

Anthem Blue Cross Blue Shield Name / Address Change

For Payroll / Benefits Only

Date Entered: _____

By: _____

Group Name: Stafford County Public Schools

Group Number: _____ ID Number (on insurance card) _____

Name on current Anthem Blue Cross Blue Shield ID card:

First MI Last

This form is being used to change: ☐ Name (complete section #1)

☐ Address (complete section #2)

Section 1: Complete to change name on ID card

☐ Mr. ☐ Mrs. ☐ Miss

First MI Last

Section 2: Complete to change address

New street address

City _____ State _____ Zip _____

Phone Number: _____

Please give the date on which the change was / will be effective:

Complete this form and send to the Payroll and Benefits Department:

Payroll and Benefits Department

AYB Administrative Complex

31 Stafford Avenue

Stafford, VA 22554

Fax: 540-658-6600

Signature: _____ Date: _____